

2309

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>85</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>41</u>	
Town of _____		Local Registrar's No. _____	
or _____			
City of <u>Globe</u>	(No. _____)	St. _____	Ward _____
FULL NAME OF CHILD <u>Robert William Crawford</u>		Born	Yes
If child is not named, make Supplemental Report on blank obtainable from local Registrar.		Alive	No
Sex of Child <u>M.</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____
		Legitimate? <u>yes</u>	Date of Birth <u>Feb 11</u> 192 <u>2</u>
			(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Robert Dawson Crawford</u>	Full Maiden Name <u>Mary Ann Leggat</u>		
Residence <u>Globe, Arizona</u>	Residence <u>Globe, Arizona</u>		
Color or Race <u>White</u>	Color or Race <u>White</u>		
Age at last Birthday <u>23</u> (Years)	Age at last Birthday <u>23</u> (Years)		
Birthplace <u>Pennsylvania</u>	Birthplace <u>Scotland</u>		
Occupation <u>Bank Clerk</u>	Occupation <u>Housewife</u>		
Number of child of this mother <u>1</u>	Number of children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>Feb. 11</u> 192 <u>2</u> , at <u>9³⁰</u> A.M.			
{ *When there is no attending physician or midwife, then the householder should make this return. }		(Signature) <u>C. Wadams</u>	(Attending physician, midwife, householder*)
Given or Christian name added from a supplemental report _____ 192 _____		Address <u>Globe Arizona</u>	
934-211-433		Filed <u>2/14</u> 192 <u>2</u>	LOCAL REGISTRAR.
COUNTY REGISTRAR.		Filed <u>3/6</u> 192 <u>2</u>	COUNTY REGISTRAR.
		A True Copy	